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4743 7590 02/07/2007

MARSHALL, GERSTEIN & BORUN LLP  
 233 S. WACKER DRIVE, SUITE 6300  
 SEARS TOWER  
 CHICAGO, IL 60606

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05/08/2007 HVUONG2 00000024 10779912

01 FC:1504 300.00 OP  
 02 FC:1501 1400.00 OP  
 03 FC:4001 4.00 OP

James P. Zeller (Depositor's name)  
 (Signature)  
 May 1, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/779,912	02/17/2004	Kurt Braeuer	30793/5402P206	8980

TITLE OF INVENTION: METHOD AND DEVICE FOR DETERMINING A CHARACTERISTIC VALUE FOR THE PERFUSION OF MODIFIED TISSUE REGIONS IN ORGANS OF LIVING BEINGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NASSER, ROBERT L	3735	600-306000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Marshall,

2 Gerstein &amp;

3 Borun LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eberhard-Karls-Universitaet Tuebingen  
 Universitaetsklinikum  
 Tuebingen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☒ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

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